Executive Summary
Individual Learning Plans

Introduction

Learning contracts are, "without question the single most potent tool I have come across in my more than half-century of experience with adult education." (Knowles, 1990, p.139)

The Core Competency of Practice-Based Learning and Improvement is a fundamental component of this topic. Self-directed learning is a process by which individuals identify and/or acknowledge learning needs, find resources to meet those needs, and subsequently evaluate their own achievement; it is integral to maintaining professional competence. Adult learning theory is premised on the construct that adults learn best when they are actively engaged in the learning process and self-direct their own learning goals and activities. An individual learning plan (ILP) is a critically important tool for all residents and fellows and takes into account individual strengths, professional goals, and specialty requirements, and helps them identify what is needed in terms of personal adjustments and resources to progress.

History

At the point of graduation, program directors must affirm that each resident/fellow has achieved, at a minimum, competence as a self-directed and lifelong learner. ILPs are key tools in this process. Too often however, ILPs are only thought about when those who are struggling to perform at acceptable standards frustrate faculty members and Clinical Competency Committees (CCCs). Some of these learners may be perceived as lacking insight to their own deficiencies, inadequately self-reflecting on performance, or disregarding faculty member feedback (often perceived as biased or misdirected), and may be unable to acknowledge their own personal role and responsibility in the learning process. In reality, ILPs are important tools for ALL RESIDENTS/FELLOWS; from the highest performing to those performing at minimum levels or are below in one or more levels.

Noteworthy Practices

An ILP should be formulated by the learner, should include personal learning objectives, and should identify resources and strategies to achieve them. While the learner should be able to create an initial ILP, the ILP content should be guided by a facilitator (faculty member, associate program director, or program director). The draft ILP created by the resident can provide enormous insight to the program director and/or CCC. The information contained in the ILP is one major way to determine if the learner can honestly self-reflect based on feedback, and has the insight required to be successful in remediating. Learners should be actively engaged in creating an ILP to take ownership of their own learning. ILPs allow learners to focus on priority areas, re-evaluate learning needs, identify measures of success, and have regular discussions about achieving learning goals.

Long-Term and Short-Term Actions/Goals

Components of an ILP:

- Reflection on goals and honest self-assessment of strengths and weaknesses
- Generation of goals, which should include focus on the Core Competencies
- Explicit plans or strategies to achieve each goal
- Description of the assessment method or tool that will be used to measure progress on each goal
- Eventual revision of goals or creation of new goals based on performance
- Identified faculty facilitator

ILPs ARE:

- tools for every resident/fellow;
- formulated by the individual (resident/fellow);
- guided by a facilitator (faculty member, associate program director, or program director);
- an exercise in self-assessment and self-reflection;
- iterative;
- a requirement; and,
- an indicator of insight and ability to become an independent lifelong learner.

ILPs are NOT:

- set in stone – they can and should be revisited by both the learner and the facilitator;
- a portfolio;
- evaluations; and,
- created by faculty members or the program.

For more information, see the full Clinical Competency Committee Guidebook and additional references on the Milestones Resources page of the ACGME website.